

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: **Assistant Commissioner for Patents** Washington, D.C. 20231

| Sports to a concessor of information timess it displays a valid OMB control fidning | | | | |
|---|-----------------|--|--|--|
| Application Number | 09/ 816,462 | | | |
| Filing Date | 23 March 2001 | | | |
| First Named Inventor | Haim Zvi Melman | | | |
| Art Unit | | | | |
| Examiner Name | | | | |
| Attorney Docket Number | | | | |

| Please change the Corre | esnondence Address for the above-in | dontifi | ed an | nlication [| | | |
|--|---|---------|-------|----------------|-----------------------------------|-------|--|
| to: Customer Nu | espondence Address for the above-identified application umber | | | | Place Customer Number Bar Code | | |
| | Type Customer Number here Label here | | | | | | |
| OR | OR | | | | | | |
| X Firm or Individual Name | Haim Melman | | | | | | |
| Address | 3 Hagai St. | | | | | | |
| Address | · | | | | | | |
| City | Kfar-Saba | State | , | | | 44335 | |
| Country | Israel | | | | | | |
| Telephone | +972 9 7679699 | | Fax | +972 9 7679693 | | 93 | |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: X Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number | | | | | | | |
| Typed or Printed Name Haim Zvi Melman | | | | | | | |
| Signature Mr 711 | | | | | | | |
| Date 27 November 2002 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| *Total of forms are submitted. | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.